



# Application for Plan Review for a Prescribed Pediatric Extended Care Center (PPECC)

Form 3700  
September 2014

Service Code  
324200100  
LTC Review Fees

## 1. Facility/Project Information

Facility Name				
Physical Address — Street	City	State	ZIP	County
Facility/Project Contact Person			Contact Person's Title	
Facility/Project Contact Person's Telephone Number ( )	Fax Number ( )	Internet Address		
Mailing Address (if different from physical address) — Street or P.O. Box	City	State	ZIP	
Project Cost Estimate \$	Is the facility to be completely fire sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## 2. Applicant Information

Owner or Owner's Contact Person	Title	Telephone Number ( )	
Internet Address	Fax Number ( )		
Address (if different than facility)	City	State	ZIP
Architect Firm	Telephone Number ( )		
Name of Architect	Texas Registration Number		
Project Manager	Title		
Internet Address	Fax Number ( )		
Mailing Address	City	State	ZIP
Engineering Firm	Telephone Number ( )		
Name of Engineer	Texas Registration Number		
Project Manager	Title		
Internet Address	Fax Number ( )		
Mailing Address	City	State	ZIP

## 3. Type of Application (check all that apply)

<input type="checkbox"/> Initial — New Construction Number of Stories: _____ <input type="checkbox"/> Initial — Relocation (New Construction) <input type="checkbox"/> Addition or Remodeling of an Existing Licensed PPECC Other details/description:	No. of Minors: _____ (for fee purposes) <b>For Additions to an Existing Licensed PPECC:</b> Number of minors before project: _____ Number of minors after project: _____ Have plans been previously submitted for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ By whom? _____
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## 4. Fees

Fee Enclosed (see Texas Administrative Code [TAC], Title 40, Part 1, Chapter 15, §15.113) \$	Remitter Name (who signed check)	Telephone Number ( )
Check Number:		

**Instructions for Completing Form 3700**  
**Application for Plan Review for a Prescribed Pediatric Extended Care Center (PPECC)**

**PROCEDURE**

Complete this form to apply for mandatory plan review services for a prescribed pediatric extended care center.

**Note: This application is for a plan review by the Texas Department of Aging and Disability Services (DADS). A separate application is required for licensure. This plan review does not satisfy the requirements for a plan review by the Texas Department of Licensing and Regulation (TDLR) for accessibility.**

Mail **attached payment coupon** with **fee** to:

**Texas Department of Aging and Disability Services  
Regulatory Services  
P.O. Box 149055, Mail Code E-411  
Austin, TX 78714-9055**

Submit **application** and **plans** to:

**Texas Department of Aging and Disability Services  
Long Term Care Regulatory  
Architectural Unit  
Facility Enrollment, Mail Code E-250  
701 West 51st Street  
Austin, TX 78751**

**Phone: 512-438-2371  
Fax: 512-438-4623**

**1. Facility/Project Information**

- Facility Name — Enter the full name of the facility.
- Physical Address — Enter the address of the facility, including the city, state, ZIP code and county where the facility is physically located.
- Facility/Project Contact Person — Full name of the person in charge of the building project.
- Contact Person's Title — Provide the facility/project contact person's title.
- Facility/Project Contact Person's Telephone Number — Provide the telephone number, including area code.
- Fax Number — Provide the facility/project contact person's fax number, including area code.
- Internet Address — Provide the Internet address or email address of the facility/project contact person.
- Mailing Address — Provide the facility/project contact person's mailing address, including city, state and ZIP code (if different from the physical address).
- Project Cost Estimate — Provide the estimated cost of the project in dollars. **(Note: Not required if unavailable.)**
- Is the facility to be completely fire sprinklered? — Check **Yes** or **No**.

**2. Applicant Information**

- Owner or Owner's Contact Person — Provide the full name of the owner's representative.
- Title — Provide the title of the owner's representative.
- Telephone Number — Provide the owner's representative's telephone number, including area code.
- Internet Address — Provide the Internet address or email address of the owner's representative.
- Fax Number — Provide the owner's representative's fax number, including area code.
- Address — Provide the address for the owner's representative, including city, state and ZIP code (if different from the facility address).
- Architect Firm — Provide the name of the firm or individual who produced the construction documents.
- Telephone Number — Provide the architectural firm's telephone number, including area code.
- Name of Architect — Provide the full name of the architect whose seal is affixed to the drawings.
- Texas Registration Number — Provide the architect's registration number with the Texas Board of Architectural Examiners.
- Project Manager — Provide the full name of the architectural project manager in charge of the project.
- Title — Provide the architectural project manager's title.
- Internet Address — Provide the Internet address or email address of the architect in charge of the project.
- Fax Number — Provide the architect's fax number, including area code.
- Mailing Address — Provide the mailing address, including city, state and ZIP code, of the architect in charge of the project.
- Engineering Firm — Provide the full name of the firm or individual who produced the construction documents.

- Telephone Number — Provide the engineering firm's telephone number, including area code.
- Name of Engineer — Provide the full name of the engineer whose seal is affixed to the drawings.
- Texas Registration Number — Provide the engineer's Texas registration number with the Texas Board of Professional Engineers.
- Project Manager — Provide the full name of the engineering project manager in charge of the project.
- Title — Provide the engineering project manager's title.
- Internet Address — Provide the Internet address or email address of the engineer in charge of the project.
- Fax Number — Provide the engineer's fax number, including area code.
- Mailing Address — Provide the mailing address, including city, state and ZIP code, of the engineer in charge of the project.

### 3. Type of Application

- Check the appropriate boxes for the type of application being submitted.
- "Initial" means **new facility or the conversion of an existing building into a licensed facility**.
- Enter the number of stories for the new facility.
- "Initial — Relocation" means relocating an existing **licensed facility**.
- "Addition or Remodeling" means making an addition to or remodeling a **licensed facility**.
- Provide a one-sentence description of the addition/remodel.
- No. of Minors — Provide the number of proposed minors for this project (for calculation of the plan review fee).
- Additions — Provide the **licensed capacity** (number of minors) before and after this project.
- Have plans been previously submitted for this project? — Check **Yes** or **No**.
- If **Yes**, provide the date of last submittal and the remitter's name.

### 4. Fees

- Compute the **fee** from 40 TAC §15.113.
- Check Number — Provide the check number from the fee check.
- Remitter Name — Provide the full name of the person whose signature is on the fee check.
- Telephone Number — Provide the remitter's telephone number, including area code.

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### §15.113 Plan Review Fees

- (a) A center must pay a fee to DADS for its review of plans for new buildings, additions, conversion of buildings not licensed by DADS, or remodeling of existing licensed facilities as described on the DADS website.
- (b) The fee schedule follows:
  - (1) facilities — new construction:
    - (A) single-story facilities — \$2,000; and
    - (B) multiple-story facilities — \$2,500; and
  - (2) additions or remodeling of existing licensed facilities — 2 percent of construction cost with a \$500 minimum fee and a maximum not to exceed \$2,000.



**Payment Coupon for Facility Enrollment  
Plan Review (324200100)**

**Facility Name and Address**

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**Print Remitter's Name** (person signing check): \_\_\_\_\_

**Make check or money order payable to:**

**Texas Department of Aging and Disability Services**

**Attach check or money order to this coupon and return to:**

**Texas Department of Aging and Disability Services  
Regulatory Services  
P.O. Box 149055, Mail Code E-411  
Austin, TX 78714-9055**